

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 29 1941
Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27635
Registrar's No. 235

1. PLACE OF DEATH

(a) County Adair
(b) City or town Kirksville MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 614 E. 1st Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME John W. Browner

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 6 1883
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Jimtown MO
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business same

12. Name Wm Browner

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Bertha A. Rhoads

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gibbie Eason

(b) Address 614 E. 1st St. Kirksville, Mo

17. (a) Burial (b) Date thereof Aug 12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Mo.

18. (a) Signature of funeral director Wm A. Eason

(b) Address Queen City 9312

19. (a) 8/10-41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler
(c) City or town Queen City MO
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1941 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from 1938, 19____, to Aug 10, 1941;
that I last saw him alive on Aug 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr
Due to Arteriosclerosis
Generalized
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. Stiebler (M. D. or other) MD

Address Kirksville Mo Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 8-41-1568

Date Filed AUG 21 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Wm A West

Licensed Embalmer No 2882

P. O. Address Queer city or

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.